

Attachment 8

**Office of Administration
Commissioner's Office**

Program: Alternatives to Abortion

Contractor: Alliance for Life - Missouri, Inc.

Subcontractor: Alternatives Clinic Harrisonville, Mo.

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

Client Name _____ Date Enrolled 01-26-2017

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
2/2/17	Past Due Car Payment to Consumer Portfolio Services	\$242.92	
2/2/17	Current Car Payment to Consumer Portfolio Services	\$265.69	No other sources of funding available for car payments; this is only vehicle for transp. to get to school, work, Dr. appts, and A to A case management meetings.
			She has had to cut back her hours at work to complete her clinicals for nursing school.
			[REDACTED] is scheduled to graduate in May and will be able to search for a job as an RN, if she can complete her clinicals.
Amt to be reimbursed		\$508.61	

Authorized person requesting purchase: Teresa Haffner

Date: 1/30/17

Alliance for Life Program Manager: Martha Middleford

Approved for purchase: Ernesto Latorre Date 2/12/17

Purchase denied: _____ Date _____

Reason for denying purchase:

BILLING NOTICE

**C P S**Consumer Portfolio Services, Inc.
PO BOX 57071, IRVINE CA 92619-7071**CUSTOMER INFORMATION**

ACCOUNT NO. ► [REDACTED]

BORROWERS ► [REDACTED]

COLLATERAL DESCRIPTION ► [REDACTED]

***** ACCOUNT PAST DUE *****

BILLING SUMMARY	
STATEMENT DATE ►	1/24/2017
NEXT PAYMENT DATE ►	1/15/2017
REGULAR MONTHLY PAYMENT ►	\$265.69
AMOUNT PAST DUE ►	\$217.04
LATE / SERVICE FEES ►	\$23.14
TOTAL DUE ON NEXT PAYMENT DATE ►	\$505.87

PRINCIPAL BALANCE ► \$7,717.86

Please Call 1-888-469-4520 for your payoff amount. Your payoff amount is different than your principal balance, as the principal balance does not include interest.

Send Regular Payments To:

*Please do not send correspondence to this address*Consumer Portfolio Services, Inc.
P O BOX 98763
PHOENIX AZ 85038-0763

Send Payoff or Correspondence To:

Consumer Portfolio Services, Inc.
PO BOX 57071
IRVINE CA 92619-7071

Make Check Payable To: CPS AUTO REC TRUST 2014 - D

A fee of up to \$25.00 will be assessed on all Returned Checks.

Visit us online at www.consumerportfolio.com to:

- Make a payment with your check, debit card or credit card (Additional fee may apply)
- See prior statements
- See your payment history
- Get your payoff
- Change your mailing address
- See Frequently Asked Question

Or Call us at 1-888-469-4520

THIS LETTER IS AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

Credit Reporting Disputes: If you believe we reported incorrect or incomplete information about you, write us at:

Consumer Portfolio Services, Inc.
Attn: Credit Report Response Team
P.O. Box 57071
Irvine, CA 92619-7071

Please tell us why you believe it is incorrect or incomplete and provide any evidence you may have.

Please see back for additional disclosures.

For Proper Credit Please Return this Coupon in the Enclosed Envelope

PAYMENT COUPON**C P S**Consumer Portfolio Services, Inc.
PO BOX 57071, IRVINE CA 92619-7071

A fee of up to \$25.00
will be assessed on all
Returned Checks.

ACCOUNT NO. ►	[REDACTED]
REGULAR MONTHLY PAYMENT ►	\$265.69
AMOUNT PAST DUE ►	\$217.04
LATE / SERVICE FEES ►	\$23.14
TOTAL DUE ON NEXT PAYMENT DATE ►	\$505.87

PLEASE MAKE CHECK PAYMENT TO:
CPS AUTO REC TRUST 2014 - D

Consumer Portfolio Services, Inc.
P O BOX 9B763
PHOENIX AZ 85038-0763

[REDACTED]